

Contract No. _____

REGISTERED NURSE RELOCATION INCENTIVE AGREEMENT

THIS AGREEMENT is made and entered into this _____ day
of _____, 2015

by and between

COUNTY OF LOS ANGELES (hereafter
"County"),

and

(hereafter "Nurse").

1. Nurse declares that (he) (she) has maintained permanent legal residence at _____, which
_____ is at least 200 miles outside the geographical boundaries of Los Angeles County, immediately
prior to being considered by County for employment.

2. Nurse declares that (he) (she) possesses a current valid license to practice as a
Registered Nurse issued by the State of California Board of Registered Nursing. The Nurse's
appointment by County is made to a permanent full-time registered nurse position.

3. Nurse will continue to work for County as a permanent full-time registered nurse
for at least one full calendar year from Nurse's continuous service date with County.

4. County will make a one-time lump sum relocation incentive payment of \$750 as
soon as practicable after Nurse's beginning date of employment. County will not deduct any
applicable taxes from this payment, and Nurse accepts full responsibility for payment of such
taxes.

5. Completion of the provisions of this Agreement and payment of the relocation
incentive shall be contingent on Nurse's successful completion of County's employment process.

6. Upon voluntary termination for any reason from County employment as a full time permanent registered nurse position within one calendar year, Nurse will immediately repay to County a prorated portion of the original relocation incentive amount. The amount repayable to County will be the original amount less one twelfth of the amount for each month or any portion thereof worked during the one year period. Nurse hereby authorizes County to withhold from (his) (her) accrued unpaid earnings, as an offset, a sum equal to the amount owed, or to recover said amount by any other legal means available.

7. If failure to complete a full year of employment as a registered nurse with County is caused by involuntary termination other than discharge or Nurse's death, Nurse or (his) (her) estate shall be released from the provisions of this Agreement and no repayment to County shall be required.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Agreement to be subscribed by its Director of Health Services, and

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Nurse has caused this Agreement to be subscribed in (his) (her) behalf the day, month, and year first above written.

ATTEST:

MITCHELL H. KATZ, M.D.
Director

By_____

By_____
Nurse

APPROVED AS TO FORM BY THE
OFFICE OF THE COUNTY COUNSEL

APPROVED AS TO PROGRAM:
Department of Health Services

By_____
Chief Nursing Officer

APPROVED AS TO CONTRACT
ADMINISTRATION:

DEPARTMENT OF HEALTH SERVICES
CONTRACTS AND GRANTS DIVISION

APPROVED AS TO PROGRAM:
Department of Health Services

By_____
Chief Nursing Officer/Director of
Nursing Affairs

EH:eh
10/01/14
AGREECD2692